

TRANSMITTAL FORM

(Use this form for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/654,293
Filing Date	September 1, 2000
First Name of Inventor	Christmann, Leandro
Group Art Unit	1632
Examiner Name	Ton, T.N.

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP William Schmonsees	Reg. No. 31,796.
Signature		
Date	June 5, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

June 5, 2002

Typed or printed name	William Schmonsees
Signature	

Date June 5, 2002

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PA 3227653 v1

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PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
460

Complete if Known

Application Number	09/654,293
Filing Date	September 1, 2000
First Named Inventor	Christmann, Leandro
Examiner Name	Ton, T.N.
Group Art Unit	1632
Attorney Docket No.	021396-000100US

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JUN 21 2002

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METHOD OF PAYMENT (check all that apply)

Check Credit Card MoneyOrder Other None
 Deposit Account:

Deposit Account Number
20-1430

Deposit Account Name
Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**	Extra Claims		Fee from below	Fee Paid
Independent Claims	-3**				
Multiple Dependent				X	=

Large Entity	Small Entity
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES	Large Entity	Small Entity	Fee Description		Fee Paid
			Fee Code	Fee (\$)	
	105	130	205	65	Surcharge - late filing fee or oath
	127	50	227	25	Surcharge - late provisional filing fee or cover sheet
	139	130	139	130	Non-English specification
	147	2,520	147	2,520	For filing a request for reexamination
	112	920*	112	920*	Requesting publication of SIR prior to Examiner action
	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
	115	110	215	55	Extension for reply within first month
	116	400	216	200	Extension for reply within second month
	117	920	217	460	Extension for reply within third month
	118	1,440	218	720	Extension for reply within fourth month
	128	1,960	228	980	Extension for reply within fifth month
	119	320	219	160	Notice of Appeal
	120	320	220	160	Filing a brief in support of an appeal
	121	280	221	140	Request for oral hearing
	138	1,510	138	1,510	Petition to institute a public use proceeding
	140	110	240	55	Petition to revive - unavoidable
	141	1,280	241	640	Petition to revive - unintentional
	142	1,280	242	640	Utility issue fee (or reissue)
	143	460	243	230	Design issue fee
	144	620	244	310	Plant issue fee
	122	130	122	130	Petitions to the Commissioner
	123	50	123	50	Petitions related to provisional applications
	126	180	126	180	Submission of Information Disclosure Stmt
	581	40	581	40	Recording each patent assignment per property (times number of properties)
	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
	179	740	279	370	Request for Continued Examination (RCE)
	169	900	169	900	Request for expedited examination of a design application
	Other fee (specify)-----				

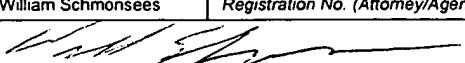
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$460)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William Schmonsees	Registration No. (Attorney/Agent)	31,796.	Telephone	650-326-2400
Signature				Date	June 5, 2002

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